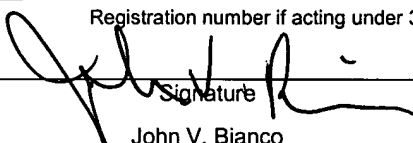


| | | | |
|---|----------------------------------|---|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) SION-P06-021 | |
| Application Number 10/797466 | | Filed March 10, 2004 | |
| For SYSTEMS FOR DIFFERENTIAL ION MOBILITY ANALYSIS | | | |
| Art Unit N/A | | Examiner Not Yet Assigned | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 \$ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 \$ |
| <input checked="" type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 \$ 1,530.00 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,748</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | | |
|  _____ Signature | | November <u>17</u> , 2004 _____ Date | |
| John V. Bianco _____ Typed or printed name | | (617) 951-7973 _____ Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 17, 2004

Signature:  (DIANE BURKE)